Date

By Registered Mail

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SUBJECT: Complaint against Psychiatrist XXXXXXXXXXX

Dear Sir,

I hereby file a complaint with the XXXXXXXXXX against psychiatrist XXXXXXXXXX for breach of duty of care, which resulted in the death of my son, Anthony SANTIN Y OGUETA, 31 years old.

A- BACKGROUND:

My son, at the age of 18, suffered a severe panic attack—this occurred during the period of the divorceof his parents. He was initially hospitalized in XXXXXX for four months to manage his anxiety. He was prescribed the medication

HALDOL. Once his condition had stabilized, he he was sent to a secondary school in a standard academic program without any special arrangements due to his still very fragile condition.

There had been no supportive medication despite the anxiety and paranoid ideas that had caused his confinement.

At that time, he was living with his mother.

Unfortunately, he suffered a second, less severe attack than the first because his mother didn't allocate him any resources, not even a little pocket money and he could not even afford a can of soda.

The mother called the police because he kicked the door of the sleeping room and he was taken to the psychiatric emergency of XXXXXXXXX.

This general hospital sent him to the psychiatric institution of xxxxxx. During the emergency , he declared that he wanted to return to school and that he did not want to go to the asylum; the psychiatrists called in the security guards to restrain him; it was a terrible moment for him and his father who was present.

In the end he gave in and was sent to the psychiatric institution of XXXXXXXX.

There he spent two weeks in an observation cell strictly like in a prison with a cell door made of iron bars, locked with a key and only a tiny bed. No communications with the outside were allowed.

It was at this time – November 2015 – that psychiatrist XXXXXXXXXX became

his regular psychiatrist and diagnosed him with schizophrenia (this diagnosis will turn out to be wrong).

He was the only psychiatrist and doctor he saw in his entire short life.

This psychiatrist had just finished his studies, he was more or less the same age as Anthony.

This could have been a sign of a good working relationship, but that will be far from the case (see file 'psychological abuse from a psychiatrist').

Upon his release from this clinic, my son came to live with me until his death.

He was supposed to take 30 mg of Abilify, the maximum dose, every day from the start without titrating the drug, already a first serious mistake.

Throughout his life he had only experienced mainly one episode of paranoid anxiety when his mother left, and as for violence he had kicked a door while not under medication and for reason of not being allowed to get some pocket money,he was 19 years old and that time.

This behavior is not delusional or dangerous enough to warrant administering the maximum dose of antipsychotics from the beginning, which simply condemns him to social instability because resuming education, for example, was impossible due to the medication's side effects.

This psychiatrist was inexperienced, and that's not all.

One of the nurse told me that they sedated heavily the patients for their

instincts must be subdued and still more if they are young.

The first time I met my son at the psychiatric hospital he was wandering barefoot through the corridors, delirious; he was 10 times worse than when he had arrived.

He was supposed to come to the psychiatrist once a month mainly to mainly to check if he is taking Abilify every day.

No medical history was done by the psychiatrist during the first consultation and the subsequent consultations and it simply "Did you take your drug ?" and that's all, paradoxically, he was the one who initiated the conversation trying to build a good relation but the psychiatrist was not at ease aznd to make a long story short, he cut the session short, which was supposed to last 30 minutes, but it was more like 20.

I was present at each of his consultations with the psychiatrist.

B- PERSONALITY:

My son pursued a normal school career until his fourth year of technical studies at the "Athénée of Fléron".

He was well-integrated, had many friends, and enjoyed a trouble-free teenage life – no drugs and never any alcohol – and tested negative at the hospital for the

hashish.

He was passionate about computers and above all graphic cards and mobiles, he found always customers on Facebook to buy and resell his stuff and never ask for money for that, he arranged appointments here and there to concrete the transaction and speak english with the customer if necessary, he had traveled over 60 km by train to meet the buyer at the station and closed the deal. He also really liked manga , especially One Piece, and video games.

He died the day on the anniversary of One Piece.

He tried on his own to find work and resume his studies but he said it was impossible to concentrate and stay seated because of the antipsychotic.

Here are the facts on which the complaint is based:

C- GENERAL MEDICAL CONTEXT AND INFORMATION HELD BY THE PSYCHIATRIST

-This information was primarily provided by myself during the consultations-:

1. I told the psychiatrist on more than one occasion about my anxiety and helplessness regarding the fact that my son was drinking 4 to 5 liters of lemonade per day - 3 to 4 large bottles - and he was so addicted to sugar that he would go to the local Aldi to buy bags full of sugary drinks. He would do this when I was at work, or very late at night—midnight paki —he would have a sugar

craving and go to a convenience store to buy several cans of sugary drinks.

2. This frenzied pattern of sugar consumption began approximately a year and a half after the start of treatment.

3. I informed the psychiatrist that my son had systematically refused to see a general practitioner since the beginning, i.e., 2015; he was not registered as a patient with any doctor. I tried three times to register him at the nearby Medical Center XXXXXXXX, but each time he refused to come to the appointment.

4. My son was followed by this psychiatrist from 2015 until his death on May 5, 2024. He saw him once a month.

5. My son did not consult any other doctor, specialist, or psychologist during all those years—he refused to see any other doctor except the psychiatrist—and the psychiatrist was aware of this.

6. The initial prescription was for Abilify 30 mg, the highest dose according to the psychiatrist himself, and remained so throughout the years of treatment.

7. Abilify is an antipsychotic which, like all antipsychotics, has a negative impact on blood glucose levels, and blood glucose monitoring should be ensured according to current medical recommendations. Here, nothing was done. This was done for 9 years, and the only request for a blood glucose test from the psychiatrist was simply forgotten; no reminder, no results, no enforcement action.

8. I told him that I myself was diabetic and that his mother was also diabetic.

9. My son was diagnosed by the psychiatrist as schizophrenic. He was

aware of the resistance of schizophrenic patients to any treatment; it is a

well-known characteristic of schizophrenia.

10. One day, given my insistence and the fact that my son systematically refused

to consult another doctor, he gave him a form to do his glucose test, specifying that normally it wasn't him who should do this—but he only had him as a doctor—and my son didn't

go for the glucose test. However, at the next consultation, the doctor made no mention of it. The test he had asked him to take was simply ignored and never mentioned again in subsequent consultations. I am not a doctor, but given the seriousness of the problem, he could have at least asked him if he had taken the test.

11. There was never any coordination with other doctors – endocrinologist or otherwise – it should be noted that my son refused all contact with doctors except this psychiatrist, and I informed him of this fact, but nothing came of it.

Shouldn't the psychiatrist ensure that the patient receives comprehensive care for their various conditions?

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Shouldn't the psychiatrist ensure that the patient receives comprehensive care for their various conditions?

12. The psychiatrist never explained to my son – or to me – the consequences of untreated diabetes, particularly its impact on his immune system. The refusal of care should have been well documented; in my son's case, there was no warning about it, no discussion.

13. To date, there are no blood glucose reports concerning my son during

his treatment from 2015 to 2024. The only blood glucose test was performed by the paramedic on April 24, 2024, in his room. My son was in a semi-comatose state and had a blood glucose level of 4.60 grams.

The most dramatic consequence was that his immune system had collapsed

due to years of untreated diabetes, and he was infected with the streptococcus germ, which led to his death.

D- IMPORTANT QUESTIONS:

1- Who should have periodically tested my son's diabetes based on the facts listed above, given that he was not being followed by any other doctor because he refused to consult any other doctor, and the psychiatrist knew this—I had informed him of this crucial fact—?

2- Why was there a breach of the duty of care?

3- Why was there a lack of information provided?

4- Why was there a lack of follow-up regarding his refusal to consult and have a family doctor?

5- Why didn't the psychiatrist take the management of diabetes seriously, given that it is a pernicious chronic disease with serious consequences—in this case, fatal, as in the case of my son's death—if left untreated in a highly diabetogenic context (family history, consumption of several liters of sugary drinks per day, taking the highest dose of antipsychotics, etc.)? And why did my son refuse to

consult any other healthcare professional except the psychiatrist?

NB: This is an easily verifiable fact: my son is not seen by any doctor except the psychiatrist.

If a psychiatrist is aware that a patient refuses to manage their diabetes and that this management is crucial for their survival, they must take appropriate measures such as involuntary hospitalization, as the law allows it in certain cases of behavior that seriously endangers the patient's life, and this was indeed the case here, by refusing to treat their diabetes for several years.

E- IN SUMMARY:

My son exhibited the following behavioral patterns:

1. Refusal to have a family doctor during the 9 years of treatment,

2. Refusal to have his blood sugar or other metabolic tests done,

3. Drank 4 to 5 liters of sugary drinks per day,

4. Refusal to report any ailments such as headaches, stomach aches, fatigue, general malaise, etc.,

5. Refusal to handle administrative matters such as renewing his ID card,

6. Complete refusal to accept any training offers,

7. Refusal to visit his family and cousins,

8. Refusal to continue his leisure activities such as going out, movies, etc.

The psychiatrist was aware of all these risky behaviors of social withdrawal and of the risks he was taking, particularly regarding his diabetes.

However, all these behavioral signs indicated that his treatment – Abilify 30 mg – was not working. He should have been hospitalized again for a reassessment of his treatment and for management of his diabetes, which he was putting himself in grave danger by systematically refusing all appropriate care.

Yet this psychiatrist did absolutely nothing and changed nothing about the treatment for nine years; a treatment that clearly wasn't working.

I asked the psychiatrist to prescribe Metformin, but he refused without taking any further action.

Several months later, I was fed up with his inaction and insisted he give Anthony a form for a glucose test. He was angry, saying it wasn't his responsibility to do the test, but Anthony didn't have a family doctor, a fact that had been brought to his attention several times.

The following month, I really didn't want to see this man anymore, but my son wanted to continue seeing him. I thought he would ask if Anthony had taken the test, but no, nothing. He remained motionless and silent, staring at us like a judge without saying a word. Then I realized he had forgotten the glucose test again—the only glucose test in eight years. This was the umpteenth mistake/oversight on his part. I was absolutely furious, so much so that my throat was completely blocked, and I couldn't speak. My son didn't say anything either. I had a doctor who, in 30 years, never missed a glucose test and would always remind me if I didn't go, here I must add that this doctor advised me to let Anthony fall into a coma and then call an ambulance.The reason, according to him, was that this way he would not be able to express his wish not to be treated; it is apparently a legal reason, but there was an emergency because I had been talking to him about it for years, and he had 30 years of experience as a family doctor, so he knew diabetes better than anyone. Besides, that is exactly what

happened, but it was fatal for my Son. That's exactly what happened, but it was fatal for my son. That doctor never contacted the psychiatrist, even though I reported to him several times the psychiatrist's failure to treat his diabetes, and he was also my son's doctor, but my Son refused to come to his office. I thought the psychiatrist would mention it in the other appointments, but in the end, nothing; he hadn't written anything in his file. Anthony died sometime the following month. And when the psychiatrist found out, he told me he didn't know the diabetes was so serious. There's no worse insult than that.

There was a breach of the duty of care, and my son ultimately paid for it with fatal diabetes and its complications.

In nine years of medical follow-up, this psychiatrist never bothered to check my son's blood sugar, despite all the information he was given about his confirmed diabetic behavior.

That would have saved him.

F- EMERGENCY CALL TO 112.

As a result, on April 24, 2024, I had to call an ambulance to find that his glucose level was 4.60 g/L, the maximum being 1.20 g/L. He was in a semi-comatose state.

At the emergency room of the XXXXXXXXXX clinic, I learned that his immune

system had completely collapsed due to untreated diabetes for years, allowing a microbe—a staphylococcus—to infect him via the spinal fluid and then spread to other organs, particularly the heart and brain, causing irreparable damage—generalized septicemia.

My son underwent surgery in early May—on the 4th—by Professor XXXXXXXXXXX to repair the ventricle destroyed by the microbe, it was an operation that lasted 4 or 5 hours which had gone well, but after some time there was a massive hemorrhage against which the surgeons could do nothing, even though they operated again for 9 hours - 3 hours x 3 - consecutively.

I had been warned that if the operation to stop the hemorrhage had been successful, my son would have remained severely disabled for life. The neurological damage caused by the streptococcus germ was very significant, and he had severe cerebral edema with total and certain paralysis of his entire right side. He had already lost the ability to speak and would have suffered from other disabilities that would have developed progressively.

The surgeons told me they could no longer transfuse him and that they had to stop the blood circulation machine. Furthermore, my son was still unconscious. There was nothing more that could be done, and my son died a few minutes after the machine was turned off.

G- DEATH:

My 31-year-old son died on May 5, 2024, at the Sart-Tilman University Hospital in appalling conditions.

It was a preventable death; a simple blood glucose test would have sufficed, and my son would still be with me...

Signed

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Attachments:

1. Copy of my son's identity card

2. Copy of death certificate

3. Scientific documentation

Envoyer des commentaires